

State of Missouri



Comprehensive Plan for Mental Health

Federal FY 2009 Action Plan Update

Creating Communities of Hope





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To ensure 24/7 availability and widest distribution, the *Missouri Comprehensive Plan for Mental Health Federal FY 2009 Action Plan Update* is available electronically at:
<http://www.dmh.mo.gov/transformation/transformation.htm>

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October 17, 2008

Marian K. Scheinholtz, Public Health Advisor
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, 6-1010
Rockville, MD 20857

Dear Mariann:

On behalf of the Mental Health Transformation Working Group (TWG), I am pleased to present the **Federal FY09 Plan Update** to Missouri's Comprehensive Plan for Mental Health 2008-2013 approved by SAMHSA in June, 2008.

The Plan Update was reviewed and approved by the TWG this past week and serves as a supplemental document to the Comprehensive Plan. It provides a detailed update to **Part 3-Initial Action Plan** that includes the following:

- A brief summary of progress through September 2008 for each of the sixty-one action items included in the initial action plan and the two new action items approved by the TWG earlier this year; and
- Updates to implementation steps, measures and timelines for the federal Fiscal Year 2009 timeframe.

As you will see from this update, Missouri has made significant progress in a very short timeframe across the numerous action items outlined in the Comprehensive Plan. As always, we appreciate the ongoing leadership and support of SAMHSA on this very important national initiative and look forward to continuing this productive partnership in the year ahead.

Sincerely,

A handwritten signature in black ink that reads "Diane McFarland".

Diane McFarland
Project Director & Chair
Missouri Mental Health Transformation Working Group

cc: Governor Matt Blunt
Mental Health Transformation Working Group
Human Services Cabinet Council
Alan Kauffman, SAMHSA State Advisor



MISSOURI'S VISION

Communities of Hope throughout Missouri support a system of care where promoting mental health and preventing disabilities is common practice *and* everyone has access to treatment and supports essential for living, learning, working and participating fully in the community.

Background & Overview

Through a bipartisan, cross-agency, public-private effort spearheaded by the Governor-appointed Transformation Working Group (TWG) and funded by the federal Substance Abuse Mental Health Services Administration (SAMHSA), Missouri created its first **Comprehensive Plan for Mental Health** <http://www.dmh.mo.gov/transformation/FINALVERSIONJULY12008.pdf> to address the mental health needs of Missourians across the lifespan.

Hundreds of Missourians dedicated their time and expertise to create the plan through participation in workgroups, focus groups, interviews, and public hearings throughout the state. What emerged was a **shared vision and common agenda** for a transformed mental health system in Missouri. The common agenda is reflected through the **six strategic themes, six goals, and twenty-one objectives** outlined on the following pages. Core strategies were developed for each of the objectives, along with an initial action plan containing 61 priority action items. The Comprehensive Plan was adopted by Missouri leaders and submitted to SAMHSA in March 2008.

This document serves as a *Plan Update and Supplement* to Missouri's Comprehensive Plan that was approved by SAMHSA in June 2008. **It updates Part 3 "Initial Action Plan"** that contained a detailed outline of the 2008 priority actions linked to the goals, objectives, and strategies contained in Part 2 of the Plan.















It is important to note that the Action Plan is designed to provide a general roadmap that outlines the major routes and intersections to a transformed mental health system in Missouri *as we know them today*. However, true transformation is more about the journey than the roadmap itself. By necessity it requires an openness and readiness to shift gears, forge new and unknown territory, and quickly adjust to an ever-changing landscape.

Missouri has enthusiastically embarked on this journey, as reflected in this update, and significant progress has been made across the original priority actions. In FFY2008, the TWG approved two additional action items bringing the total to 63. Several timelines, implementation steps, and measures also were modified to respond to an ever-changing environment and to seize new opportunities that emerged.

Each of the 63 action items has been reviewed and updated as necessary to reflect both the progress to date and changes to the implementation steps for the next fiscal year. The legend of abbreviations used in the Action Plan is contained in the Appendix.



Missouri Comprehensive Plan for Mental Health Federal FY 2009 Action Plan Update

<div>MISSOURI MENTAL HEALTH TRANSFORMATION STRATEGIC THEMES<div>"Creating Communities of Hope"</div><i>Moving Missouri Toward a Public Health Approach</i></div>		
MOVE FROM:		MOVE TO:
CULTURE OF CRISIS/ RISK OF HARM		CULTURE OF HOPE/ FIRST..."DO NO HARM" 
"NO WHERE TO GO"		EASY, EARLY AND EQUAL ACCESS 
DISABILITY FOCUS		WELLNESS FOCUS WITH PREVENTION AND EARLY INTERVENTION 
BUREAUCRACY/ PROVIDER DRIVEN CARE		CONSUMER DIRECTION AND EMPOWERMENT 
"POCKETS" OF EXCELLENCE		UNIVERSAL BEST PRACTICES 
FRAGMENTED & CENTRALIZED SYSTEM		SHARED OWNERSHIP & INVESTMENT (STATE-LOCAL, PUBLIC-PRIVATE) 



Missouri Comprehensive Plan for Mental Health Federal FY 2009 Action Plan Update

GOAL 1: MISSOURIANS UNDERSTAND THAT MENTAL HEALTH IS ESSENTIAL TO OVERALL HEALTH	OBJECTIVE 1.1:	INCREASE PUBLIC UNDERSTANDING AND REDUCE STIGMA OF MENTAL ILLNESS, SUBSTANCE ADDICTIONS AND DEVELOPMENTAL DISABILITIES.	
	OBJECTIVE 1.2:	DEVELOP AND IMPLEMENT A STATE-WIDE PREVENTION FRAMEWORK THAT ADDRESSES COMMON RISK AND PROTECTIVE FACTORS.	
	OBJECTIVE 1.3:	INTEGRATE PUBLIC, PRIMARY AND MENTAL HEALTH CARE PRACTICES.	
GOAL 2: MISSOURI'S MENTAL HEALTH CARE IS CONSUMER AND FAMILY DRIVEN	OBJECTIVE 2.1:	INCREASE CONSUMER DECISION-MAKING AND SELF-DIRECTION OF INDIVIDUALIZED PLANS OF CARE.	
	OBJECTIVE 2.2:	EXPAND AND INTEGRATE PEER AND FAMILY SUPPORT SERVICES INTO THE SYSTEM OF CARE.	
	OBJECTIVE 2.3:	CREATE A CULTURE OF RESPECT, DIGNITY & WELLNESS AS THE MILIEU IN WHICH ALL MENTAL HEALTH SERVICES ARE PROVIDED.	
	OBJECTIVE 2.4:	INCREASE THE NUMBER OF CONSUMERS FULLY PARTICIPATING IN THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF THE SYSTEM.	
GOAL 3: MENTAL HEALTH DISPARITIES ARE ELIMINATED IN MISSOURI	OBJECTIVE 3.1:	IMPROVE ACCESS TO QUALITY CARE IN RURAL AND GEOGRAPHICALLY REMOTE AREAS.	
	OBJECTIVE 3.2:	IMPROVE ACCESS TO CULTURALLY COMPETENT CARE	
	OBJECTIVE 3.3:	INCREASE CONSUMER ACCESS TO PROGRESSIVE EMPLOYMENT OPPORTUNITIES IN INTEGRATED COMMUNITY SETTINGS.	
	OBJECTIVE 3.4:	INCREASE CONSUMER ACCESS TO SAFE AND AFFORDABLE HOUSING IN INTEGRATED COMMUNITY SETTINGS.	
GOAL 4: EARLY SCREENING, ASSESSMENT AND REFERRAL TO SERVICES ARE COMMON PRACTICE	OBJECTIVE 4.1:	PROVIDE TIMELY OUTREACH, SCREENING AND REFERRAL TO CARE THAT IS AGE AND CULTURALLY APPROPRIATE.	
	OBJECTIVE 4.2:	PROVIDE MENTAL HEALTH CONSULTATION AND SERVICES IN EARLY CHILDHOOD AND SCHOOL SETTINGS.	
	OBJECTIVE 4.3:	EXPAND COMMUNITY CAPACITY TO REDUCE AVOIDABLE USE OF EMERGENCY ROOMS, HOSPITALS AND OTHER INSTITUTIONAL CARE.	
GOAL 5: EXCELLENT MENTAL HEALTH CARE IS DELIVERED AND RESEARCH IS ACCELERATED	OBJECTIVE 5.1:	DEVELOP THE MENTAL HEALTH WORKFORCE	
	OBJECTIVE 5.2:	EXPAND EVIDENCE-BASED PRACTICES (EBPs) ACROSS THE STATE.	
	OBJECTIVE 5.3:	APPLY RESEARCH EVIDENCE MORE QUICKLY AND INVEST IN RESEARCH FOR NEW AND PROMISING PRACTICES.	
	OBJECTIVE 5.4:	DEVELOP AND IMPLEMENT A COMPREHENSIVE QUALITY MANAGEMENT SYSTEM.	
GOAL 6: MISSOURI COMMUNITIES ARE PROFICIENT IN MEETING LOCAL MENTAL HEALTH NEEDS.	OBJECTIVE 6.1:	CREATE CONSISTENT & FLEXIBLE POLICY/PRACTICES ACROSS STATE AGENCIES THAT ARE INFORMED BY CONSUMERS & LOCAL NEEDS.	
	OBJECTIVE 6.2:	CREATE AND/OR EXPAND LOCAL PUBLIC-PRIVATE COLLABORATIVES TO IMPROVE SERVICE ACCESS, CAPACITY AND INTEGRATION .	
	OBJECTIVE 6.3:	EXPAND THE ROLE AND CAPACITY OF COMMUNITIES TO IDENTIFY THEIR NEEDS, PROMOTE MENTAL HEALTH & CREATE OPPORTUNITIES FOR CONSUMER INCLUSION.	



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1.1 1.2	Mental Health Promotion and Public Education Workgroup: The TWG chartered a cross-departmental workgroup to promote the understanding that mental health is essential to overall health, to examine the state's capacity to deliver mental health services within the framework of a public health approach, and to make policy recommendations. The next step is to establish two subcommittees: <ul style="list-style-type: none">• to increase mental health literacy and reduce stigma• to review current prevention efforts and make recommendations for a prevention system and framework Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD	ADA	ALL √	CY&F	ADULT	OA	ALL √	TWG	C E	9	Medium	√									√	The workgroup was chartered and the first meeting was held in August. One subcommittee has been established to address Mental Health First Aid.
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1.1 2.3	Respect Seminars & Institute: <ul style="list-style-type: none">• Continue statewide training and organizational consultation to build culture of respect.• Offer three sessions to train consumers and families through the four-day Respect Institutes.• Begin development of Peer Speakers Bureau in Missouri as component of public information campaign in partnership with advocacy organizations.• Link with Mental Health Promotion and Public Education Workgroup. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD	ADA	ALL √	CY&F	ADULT	OA	ALL √	DMH OOT& Mental Health Promotion and Public Education Workgroup	C E	2	Medium	√									√	13 Public seminars were held across state through September with over 750 participants. One community institute was held with four graduates. The Respect Seminar was also a key component of the Reducing Stigma and Increasing Cultural Competency Pilot in the eastern region of the state (see separate action item)
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(See appendix for Legend of Abbreviations.)



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1.1 1.3 5.3	Mental Health First Aid: <ul style="list-style-type: none">Implement evidence-based 12-hour mental health literacy training program as part of public education campaign.Work with state of Maryland, National Council of Community Behavioral Health Care, and SAMHSA to convert training curricula and certification standards for use in United States. Train initial cohort of trainers.Continue to identify populations and implement training across state.Identify and apply for match funding to expand training.Develop business plan for long-term sustainability. This includes both a Missouri-specific plan and national plan with H-USA partners.Continue to work with national partners and SAMHSA on finalizing and implementing national evaluation. Initial Target Population: <table><tr><td>MI √</td><td>DD</td><td>ADA √</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI √	DD	ADA √	ALL	CY&F	ADULT	OA	ALL √	DMH OOT & Mental Health Promotion and Public Education Workgroup	C E	2	Medium	√									√	Have developed draft MHFA-USA manual, standards, and business plan with national partners. Initiated roll-out of program in Missouri with three 12-hour pilot courses and one 40-hour instructor training through September. Identified and trained two instructors to begin pilot training in Missouri. Grant application submitted to demonstrate and evaluate program implantation to target populations. Preliminary draft of a combined youth/adult manual is being reviewed.
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1.1 2.3 3.2 5.1	Reducing Stigma and Increasing Cultural Competency Pilot: <ul style="list-style-type: none">Continue roll-out of initial pilot in eastern region to change current culture of health care system by addressing barriers to quality care related to stigma and cultural competency. Provide organizational consultation and seminars to implement regional respect policy guidelines with targeted organizations. Evaluation will guide state-wide expansion in partnership with MO Coalition of CMHCs. Initial Target Population: <table><tr><td>MI √</td><td>DD</td><td>ADA √</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI √	DD	ADA √	ALL	CY&F	ADULT	OA	ALL √	SLRHC Behavioral Health Steering Team & Workgroup DMH OOT & Divisions of CPS and ADA	A C E	2	Medium	√										The St. Louis RHC Steering Team has sponsoring a three-part series, entitled <i>Seeing the Person Beyond the Label. That includes training on respect and cultural competency.</i> The first two sessions took place in June and August 2008. Participants represent 35 area agencies. The steering team also has begun the process of instituting a regional respect policy by developing guidelines.
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1.1	Mental Health Foundation: <ul style="list-style-type: none">Continue to develop public-private partnership for permanent Missouri Mental Health Foundation that supports public education, stigma reduction and consumer empowerment initiatives.Develop and incorporate into separate 501C3 and establish Board of Directors.Identify potential fundraisers and contributors to foundation and implement for long-term success and sustainability of fund projects. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OLDER ADULT</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr></table>	MI	DD	ADA	ALL				√	CY&F	ADULT	OLDER ADULT	ALL				√	DMH & Midwest Special Needs Trust	C	9	Medium	√									√	An initial foundation was established through the Midwest Special Needs Trust. Fund raising has been initiated and a part-time executive director hired. First major event co-sponsored by DMH and MHF was the Mental Health Champions Awards Banquet April 16, 2008.
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1.1	Network of Care: <ul style="list-style-type: none">Establish work plan and measurable outcomes in terms of NoC usage, updated resource information, expanded transparency, and safety promotion.Increase consumer use of network of care and personal folder options through training of local consumer leaders affiliated with mental health organizations to assist other consumers in accessing and using system. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td>√</td><td>√</td><td></td><td></td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr></table>	MI	DD	ADA	ALL	√	√			CY&F	ADULT	OA	ALL				√	DMH – Director’s Office, Divisions of CPS & DD	C	9	Medium	√										Internal contacts/leads assigned and an initial work plan was developed to increase organization and consumer use of system initiated. Training of consumers with 2 local mental health organizations has begun. NoC information made available to 211 system.
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1.1	Transformation Communications and Accountability Plan: <ul style="list-style-type: none">Initiate new website for Missouri Mental Health Transformation.Produce regular briefings on key issues, successes and progress through prepared media releases, newsletters and other communicationsProduce annual report. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr></table>	MI	DD	ADA	ALL				√	CY&F	ADULT	OA	ALL				√	DMH OOT	A	N/A	Medium	√									√	Initial enhancements of website completed and a new website is under development. Bi-weekly and other reports have been initiated. Annual report completed as part of plan update. Press releases have been produced regularly.
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1.2	Suicide Prevention E-Learning: <ul style="list-style-type: none">Finalize the content/design of a graduate level course in suicide prevention; make available online for academic credit.10 one-hour modules will be vetted in October for the final timeMake these modules available on line for ease of access. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD	ADA	ALL √	CY&F	ADULT	OA	ALL √	DMH, DHSS & University of Missouri	C	2	Low											The Center for Mental Health in Schools at the University of Missouri has continued to “tweak” the content of the graduate level course in suicide prevention. The number of one-hour modules has been expanded to 10 and have PowerPoint presentations to accompany them. They will be vetted in October. A university committee has reviewed all of these for the ability to sustain student interest and recommended some changes on this basis.
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1.2	Suicide Prevention Elderly Pilot: <ul style="list-style-type: none">Identify a geographical area for the pilot program with a Suicide Prevention Resource Center and an AAA willing to work together and a CMHC with capacity to meet referral needs.The Suicide Prevention Resource Center will offer suicide prevention training to individuals designated by the AAA to include drivers for Meals on Wheels, home health aides, companions, AAA staff, families and friends and spouses, interested community members.Referrals and results will be documented by those trained to inform the evaluation, identify lessons learned, and ensure help is activated in response to need. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA √</td><td>ALL</td></tr></table>	MI	DD	ADA	ALL √	CY&F	ADULT	OA √	ALL	DMH OOT	C E	9	Medium											Reviewing proposal submitted by local CMHC in partnership with AAA and community health center.
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1.2	NO BUTTS About It: <ul style="list-style-type: none">Distribute results of the assessmentAwait an expected invitation from the Missouri Foundation for Health to develop a plan, based on assessment results, to prevent tobacco use by consumers of mental health services. Identify other sources to fund plan initiation as necessary. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD	ADA	ALL √	CY&F	ADULT	OA	ALL √	DMH & DHSS	C	9	Medium/ Low											Funded via a grant from the Missouri Foundation for Health and implemented by MIMH through a subcontract, the NO BUTTS ABOUT IT assessment phase is complete. The expected project outcome is to determine the use of tobacco by those who are consumers of mental health services across the three divisions.
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1.1 1.2 1.3 4.2 6.2	Higher Education Mental Health Homeland Security Initiative: <p>Foster collaborative relationships on college campuses across the state to implement recommendations to involve mental health expertise in emergency planning for campuses;</p> <ul style="list-style-type: none">Education/training on how to access 24/7 mental health services by campus authorities and students, either CMHCs and/or on campus expertise;Education/training on linkages for activating civil commitment if needed.Pilot MHFA training for campus personnel and students Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F</td><td>ADULT √</td><td>OA</td><td>ALL</td></tr></table>	MI	DD	ADA	ALL √	CY&F	ADULT √	OA	ALL	Homeland Security Taskforce, Department of Higher Education and Public Safety Subcommittee DMH Directors Office	C	2	Medium											The Homeland Security Task Force, Higher Education, and Public Safety Committee are meeting every 6 to 8 weeks. One project is to develop a website with a mental health subsection to facilitate 24/7 access to services. Higher Education has agreed to piloting Mental Health First Aid on two campuses in 2009.
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1.3 4.3 6.2	Disaster Services and Special Needs Shelters: <ul style="list-style-type: none">DMH disaster services staff will continue to participate in quarterly meetings.Develop process of creating a template for local public health authorities and emergency operations centers to request mental health assistance for activated special needs shelters. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD	ADA	ALL √	CY&F	ADULT	OA	ALL √	Special Needs Committee DHSS DMH	C	9	Medium	COMPLETE										The newest revision of Annex X, the Special Needs Annex to the Missouri State Emergency Management Operations Plan, was finalized in March 2008. A Special Needs Sheltering Standard Operating Guide (SOG) for local and county emergency management was prepared and distributed as a local template in July 2008.
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1.3	CMHC-FQHC Collaborative Care Pilot: Continue 7 collaborative care pilots between federally qualified health centers (FQHC's) and community mental health centers (CMHC's). Evaluation will guide needed policy changes and additional expansion. Submit budget request to fund 5 additional collaboratives in SFY2010. Initial Target Population: <table><tr><td>MI √</td><td>DD</td><td>ADA √</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI √	DD	ADA √	ALL	CY&F	ADULT	OA	ALL √	DMH Division of CPS, Missouri Coalition of CMHC's, Missouri Primary Care Association	C E	3 4 8	Medium	<									>	Seven pilots implemented and evaluation started. Six Mini-grants given to applicants not awarded contract to support planning efforts between partner agencies. Evaluation has begun. New DMH budget item developed to fund 5 additional collaboratives.
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CY&F	ADULT	OA	ALL √																					
1.3	Integration of Mental Health to Health Care Home Model (DMH NET): <ul style="list-style-type: none">Community Mental Health Centers to be trained to serve as health care homes for individuals with serious mental illnesses under the MO HealthNet Plan;Continue to provide disease management services for Medicaid-eligible individuals with mental illnesses and co-occurring physical health conditions; andContinue to provide data analysis and educational materials to health care providers regarding good psychiatric prescribing practices. Initial Target Population: <table><tr><td>MI √</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI √	DD	ADA	ALL	CY&F	ADULT	OA	ALL √	DMH & DSS Division of MO HealthNet	A E	4 5	Medium	<									>	Negotiations have been held with DMH, MO-HealthNet, and the Coalition of Community Mental Health Centers and approval has been given for CMHCs to be designated Health Care Homes. Training of CMHC's is underway. Implementations of disease management services have been initiated. Data analysis and educational materials have been refined and implemented.
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2.1 2.3 2.4	Person-Centered Planning: Enhance Person-Centered Planning within the Division of DD and implement Person-Centered Planning principles and process within the CPS provider system. <ul style="list-style-type: none">• Issue a policy affirming person-centered values as the foundation for the entire mental health services system.• Conduct training for all staff including administration and direct support on person-centered thinking/philosophy, following by training on person-centered planning.• Provide access to mentors to facilitate person-centered planning and implementation of plans. Initial Target Population: <table><tr><td>MI √</td><td>DD √</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI √	DD √	ADA	ALL	CY&F	ADULT	OA	ALL √	DMH Divisions of DD and CPS and UMKC Institute for Human Development	E	2	High											>	The Centers for Medicare and Medicaid Services (CMS) awarded a three-year grant to CPS and DD to enhance person-centered planning in Missouri. Neal Adams, MD, is providing consultation and technical assistance to CPS on implementation of a model that is compatible within psychiatric settings.
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2.1	Self-Directed Supports and Services: <ul style="list-style-type: none">• DD Waivers amended to add options for self-directed and family directed services.• Secure a fiscal management service contractor to provide a wide range of fiscal support services to enable more people to self-direct• Training to be provided to service coordinators, consumers and families regarding choices, risks and benefits.• Explore methods to expand self-directed options to other services Initial Target Population: <table><tr><td>MI</td><td>DD √</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD √	ADA	ALL	CY&F	ADULT	OA	ALL √	DMH Division of DD, Missouri DD Planning Council & UMKC IHD	E	9	Medium	<										>	New fiscal management contract to improve services for individuals wishing to self direct was awarded and implementation began in July. The contractor will provide workman's compensation and a call-in system for staff; both areas listed as barriers to participation by the SDS Advisory Board. Training for self-advocates, family members, and service coordinators on self-direction has begun.
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2.1	Consumer Principles for Practice Workgroup: Charter short-term work group to review The “Practice Guidelines for Consumer Directed Services and Supports” developed in 2002 by DMH. These will be reviewed by all State agencies that provide human services, with the goal of adoption as appropriate to the population(s) served. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr></table>	MI	DD	ADA	ALL				√	CY&F	ADULT	OA	ALL				√	TWG	E	N/A	Low											Initial internal DMH workgroup reviewed guidelines and charter has been drafted to present to TWG at future meeting.
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2.1 6.1	Wrap-Around Fidelity: Identify wraparound values/principles that all state child-serving departments can endorse. Certified wraparound facilitators are members of the committee working on this issue. Once values/principles are developed and endorsed, departments will identify system and infrastructure changes necessary to support them. Missouri’s ultimate goal is that high fidelity wraparound will be used by all public agencies with ongoing training needs met through the use of in-state certified trainers. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td>√</td><td></td><td></td><td></td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL</td></tr><tr><td>√</td><td></td><td></td><td></td></tr></table>	MI	DD	ADA	ALL	√				CY&F	ADULT	OA	ALL	√				DMH OCCMH & CSMT	E	2	Medium	√									√	A subcommittee of the Comprehensive System Management Team has been meeting regularly on the wraparound values/principles and a draft is expected in the fall.
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2.2	<p>Peer Specialists Training and Certification:</p> <ul style="list-style-type: none">Continue training primary consumers to provide direct services within the CPS provider network using training and certification model developed by Larry Frick/ Appalachia.Initiate supervisory training to assist supervisors in effectively working with peer specialists.Continue annual training (Approximately 40 consumers).Review rules, regulations and certification standards and modify or develop new rules as needed.Work on sustainability plan for the training and plan to provide continuing support for the peer specialists. <p>Initial Target Population:</p> <table><tr><td>MI √</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT √</td><td>OA</td><td>ALL</td></tr></table>	MI √	DD	ADA	ALL	CY&F	ADULT √	OA	ALL	DMH Division of CPS and OOT	C E	2	Medium											Medicaid provider rates set under Community Psychiatric Rehabilitation program option. The first session for training of primary consumers was held at the end of September 2008, where 36 completed the five-day course. A website created to provide ongoing support and networking for peers. Supervisory training will be provided at the end of October so as to assist supervisors in effectively working with peers.
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2.2	<p>Family Support Training:</p> <ul style="list-style-type: none">The second round of trainings will be completed by December 2008.Quarterly in-service trainings will be scheduled for continuing education.At least one meeting will be scheduled for supervisors in how to support FSPs in their role. <p>Initial Target Population:</p> <table><tr><td>MI √</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F √</td><td>ADULT</td><td>OA</td><td>ALL</td></tr></table>	MI √	DD	ADA	ALL	CY&F √	ADULT	OA	ALL	DMH OCCMH & Division of CPS	C	2	Medium	√										Curricula finalized and the first training – a four-day session – was held in May 2008, where 21 people participated: 14 Family Support Providers (FSP) and seven supervisors. The decision was made to hold two two-day sessions instead and four FSPs and four supervisors began the second round of training in September, to be completed by December 2008. This training has been added as a Medicaid-covered service. Training is required for all FSPs who will bill Medicaid.
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2.2	Consumer Operated Service Program (COSP) Quality Improvement Initiative: <ul style="list-style-type: none">Continue Phase 2 of COSP Quality Improvement Initiative to continue self - assessment of fidelity for COSP services.Reissue RFP in Spring 09, which will include mandatory use of the Fidelity Assessment Common Ingredient Tool (FACIT)Develop plan for peer specialist employment in both COSPs and Psycho-social rehabilitation ProgramsModify fidelity tool to use with telephone support lines and initiate baseline reviews. Initial Target Population: <table><tr><td>MI √</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT √</td><td>OA √</td><td>ALL</td></tr></table>	MI √	DD	ADA	ALL	CY&F	ADULT √	OA √	ALL	DMH Division of CPS, MIMH	A E	8	Medium	<									>	Initiated phase two of COSP Quality improvement initiative that provides training for self-assessment of fidelity. The “drop-in” programs have piloted a SAMHSA-funded EBP toolkit. All programs have received a fidelity visit to establish baseline. Phase 2 includes: Made fidelity follow-up visits to two (2) of the five (5) programs. All programs are receiving instructions on how to self-administer the fidelity tool.
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2.3	Procovery Statewide Expansion: <ul style="list-style-type: none">Continue statewide implementation of Procovery program.Implement facilitator support to add new Procovery circles.Develop Business plan and complete state and regional infrastructure for sustainabilityEstablish second phase evaluation to include one article submitted /published in peer review journal. Initial Target Population: <table><tr><td>MI √</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI √	DD	ADA	ALL	CY&F	ADULT	OA	ALL √	DMH Division of CPS & OOT	C E	2	Medium	<									>	Initial state infrastructure established. Four Procovery introductory trainings have been completed with 361 attendees. Three facilitator trainings have been completed with 257 participants. It is anticipated there will be more than 200 licensed facilitators statewide by year end.
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2.2	Peer and Family Mentoring: Expand access to peer and family mentoring through Sharing our Strengths. <div>Initial Target Population:</div> <table><tr><td>MI</td><td>DD √</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD √	ADA	ALL	CY&F	ADULT	OA	ALL √	DMH- DD & UMKC Institute for Human Development	C	9	Medium	COMPLETE										The enhancement of Sharing Our Strengths, a peer-to-peer mentoring program has been completed. Transition coordinators are informed about SOS and will be assisting to coordinate outreach efforts at the habilitation centers. SOS staff conducted a presentation to Transformation staff on September 23 to evaluate expansion to new target groups.
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2.3 5.1 5.2	Positive Behavioral Support Training: <ul style="list-style-type: none">Utilize certified trainers to expand knowledge of the principals and practices of positive behavior supports.Explore expansion of positive behavior supports principals and populations to other target groups and systems of care. <div>Initial Target Population:</div> <table><tr><td>MI √</td><td>DD √</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI √	DD √	ADA	ALL	CY&F	ADULT	OA	ALL √	DMH Division of DD	C E	2	Medium	√									√	Certification process developed. First training of trainers scheduled for end of October 08. Plan is for approximately 20 individuals to be trained as Positive Behavioral Support Trainers by end of September 09. Training will include DD and Mental Health staff. Those 20 certified trainers will train approximately 120 direct care staff in positive behavior supports.
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2.4 5.4	<p>Peer and Family Participation in Certification, Monitoring and Quality Service Reviews:</p> <ul style="list-style-type: none">Implement guidelines developed by CPS State Advisory Council to include peers and family members in the monitoring and certification of CPS funded community-based programs.Provide additional family training for participation in Quality Service Reviews (QSR) conducted at local system of care sites for children.Continue implementation of quality of life surveys conducted by self-advocates and families for people transitioning from institutions and receiving community-based services. <p>Initial Target Population:</p> <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td>√</td><td>√</td><td></td><td></td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr></table>	MI	DD	ADA	ALL	√	√			CY&F	ADULT	OA	ALL				√	<p>DMH Division of CPS</p> <p>DMH OCCMH & CSMT</p> <p>DMH Division of DD</p>	A E	9	Medium											<p>CPS consumer/ family monitors surveyed three agencies in 2008. Additional consumers and family members will be trained to participate in the certification survey process in 2009.</p> <p>10 family members have been trained to participate in QSR reviews and 4 have participated on a review team.</p> <p>Through the DD, Self-Advocates and Families for Excellence (SAFE) program, 41 individuals and/or family members have completed SAFE volunteer training and four are currently in the process.. To date, 60 visits have been initiated with individuals or their guardians across the state. Of those 60 visits, 38 have been completed; six visits are pending; three are currently scheduled; and 13 declined.</p>
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2.4	<p>Consumer, Family and Youth Leadership Training:</p> <p>Workshops will be held to engage emerging leaders by taking a journey through the process of telling their stories to becoming leaders who promote systems change. Participants explore the difference between advocacy and leadership and when to use the different approaches. The workshop provides examples of the supports that may be needed for participants to participate on teams and committees.</p> <p>Initial Target Population:</p> <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr></table>	MI	DD	ADA	ALL				√	CY&F	ADULT	OA	ALL				√	DMH OOT	E	2	Low to Medium											<p>Had one youth leadership planning meeting and one youth leadership retreat this year. Twelve young people representing all regions of the state attended a youth leadership retreat in August 2008, along with 10 parents/ guardians, who participated in a separate leadership session. A strategic planning meeting is scheduled.</p>
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3.1 3.2 4.3 5.1	Capacity Development Analysis: Using information contained in Needs Assessment and Inventory of Resources, conduct system capacity analysis. <ul style="list-style-type: none">Identify required service array inclusive of peer and family support and education service across continuum based upon prevalence, identified need and review of available evidence.Perform gap analysis of need and resources to include gaps related to culture, geography, and age.Develop appropriate criteria to identify true waitlist for services consistent with model used by DD division. Project scope will be phased over next two years. Initial Target Population: <table><tr><td>MI √</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI √	DD	ADA	ALL	CY&F	ADULT	OA	ALL √	DMH OOT	C E	N/A	Medium to High											Draft work plan for Capacity Analysis received from prospective contractor with this expertise. Work plan is being evaluated and negotiated.
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3.1 - 4.3	Telehealth: <ul style="list-style-type: none">Pilot the delivery of behavior therapy and crisis intervention using telehealth equipment, and evaluate results. Initial Target Population: <table><tr><td>MI</td><td>DD √</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD √	ADA	ALL	CY&F	ADULT	OA	ALL √	DMH Division of DD	C	9	Low	COMPLETE										DD and the Thompson Center have partnered to provide intensive behavior therapy to individuals with Autism spectrum disorders and some participants are receiving services through telehealth. DD has piloted the delivery of behavior therapy and crisis intervention utilizing telehealth technology. Research of the necessity to amend the DD waivers to allow for telehealth found that amendment was not necessary so that action from 2008 has been dropped from the plan.
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3.3	Employment Workgroup: Continue plan to implement employment strategies. Review current state rules, regulations and financing policies and recommend revisions as appropriate to increase consumer employment and financial independence without losing necessary services and supports. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr></table>	MI	DD	ADA	ALL				√	CY&F	ADULT	OA	ALL				√	TWG	C	N/A	Medium											First meeting September 2008 Oriented members to status of employment for persons with disabilities Reviewed final progress report of MIMH grant on the Missouri Mental Health Employment project Reviewed employment data. In-depth discussion of workgroup charter.
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3.4	Housing Workgroup: Chartered workgroup to identify current resources and gaps in affordable and integrated housing and begin implementing housing strategies. Review current state rules, regulations and financing policies and recommend revisions as appropriate to increase consumer access to an array of housing options for persons with disabilities. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr></table>	MI	DD	ADA	ALL				√	CY&F	ADULT	OA	ALL				√	TWG	A C	N/A	Medium											Workgroup initiated. During its first meeting in August, members reviewed the current housing environment and available resources. The group identified three areas for exploration: Identify strong housing programs and national models, determine availability and resources for persons with disabilities, and address bricks and mortar issues.
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3.4	Housing Registry: Develop a housing resource, which will include a registry of affordable, accessible, integrated housing in Missouri, as well as resources to rent, buy, or modify a home of one's own. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr></table>	MI	DD	ADA	ALL				√	CY&F	ADULT	OA	ALL				√	DMH Division of DD & MPC	C	9	Medium											The Missouri Planning Council for Developmental Disabilities is in the process of developing a housing resource which will include a registry of affordable, accessible, integrated housing in Missouri as well as resources to rent, buy or modify a home of one's own.
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3.2	Deaf Services Capacity Development: Begin implementation of revised plan. Budget request submitted for FY 2010 to support a Tele-Health approach to delivery of services, delivered by ASL competent Mental Health Professionals. Continue evaluation of the state's current plans and services for individuals who are deaf and have mental health needs based on best practices in other states and consistent with culturally distinct needs of the deaf community Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD	ADA	ALL √	CY&F	ADULT	OA	ALL √	DMH Office of Director	A C E	9	Medium-High											Meeting held with representatives from DMH and Deaf Services Community to review proposed updates/changes to Plan. New director of Deaf Services hired by DMH. √
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3.2	Language Translation: Develop translation for DMH web content, brochures and other and informational materials. Partner with local groups to assist in translating materials. Initial priority is Spanish translation. Phase 2 priorities are ASL and Bosnian translation. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD	ADA	ALL √	CY&F	ADULT	OA	ALL √	DMH Office of Director	C	9	Medium											The effort to address issues of language translation of DMH information and resources was delayed due to staff changes in 2008. Staff has stabilized and effort will begin again in FY 09. √
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4.1	Improving Entry Pilot: Continue pilot to implement standardized screening tool across mental health and substance abuse providers in Eastern region. Operationalize plan to increase access to care. Evaluation will guide further refinement and potential for state-wide expansion. Initial Target Population: <table><tr><td>MI √</td><td>DD</td><td>ADA √</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT √</td><td>OA √</td><td>ALL</td></tr></table>	MI √	DD	ADA √	ALL	CY&F	ADULT √	OA √	ALL	SLRHC Behavioral Health Steering Team DMH OOT & Divisions of CPS and ADA	A E	9	Medium											A standardized, web enabled screening tool has been developed. Information will be given to all providers as to use of the tool. The group is working to operationalize access, to maintain access to the consumer, and to establish a call center. √
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4.1	Mental Health Coordinator Legislation Change: Propose legislative change to allow private mental health providers to be designated to perform outreach and investigative procedures as a component of the access-crisis intervention functions to facilitate assessments of need for services including need for involuntary commitment. Initial Target Population: <table><tr><td>MI √</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI √	DD	ADA	ALL	CY&F	ADULT	OA	ALL √	DMH Division of CPS	A C	1	Medium	COMPLETE										Legislation has been passed to allow private mental health providers to perform outreach and investigative procedures as a component of the access/crisis intervention functions.
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4.1	Statewide Expansion of Police Crisis Intervention Teams (CIT): Establish contracted statewide coordinator position to staff steering group to develop and implement CIT state-wide in partnership with Chief Justice initiative. Develop rural adaptations to existing model. FY10 budget request to be submitted for \$200,000 one time funding for further expansion. Initial Target Population: <table><tr><td>MI √</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI √	DD	ADA	ALL	CY&F	ADULT	OA	ALL √	DMH Division of CPS, Office of State Courts A Chief Justice Initiative	C E	9	Medium-High	√									√	This initiative received one-time funding through the Office of the State Courts Administrator to establish a statewide coordinator position to staff a steering group. A \$200,000 budget Item was approved in the Division of Comprehensive Psychiatric Services Budget in state FY 09 for one time funding to complete Implementation in Kansas City, St.Louis, and expand to one other metropolitan area of the state. Discussion has begun to identify specific outcomes to support ongoing funding of the initiative.
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4.3 6.2	Psychiatric Acute Care Transformation (PACT): <ul style="list-style-type: none">Identify potential regional partnerships with community general hospitals and community providers of psychiatric services to determine if there are options for providing acute inpatient psychiatric care to DMH consumers by non-state operated providersEnsure the continued availability of acute psychiatric inpatient beds on both a statewide and regional basis, while improving access to both inpatient and outpatient services and enhancing the dollars available for operating the entire continuum of psychiatric care. Initial Target Population: <table><tr><td>MI √</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT √</td><td>OA √</td><td>ALL</td></tr></table>	MI √	DD	ADA	ALL	CY&F	ADULT √	OA √	ALL	DMH Division of CPS	C	8	High	√									√	One proposal received from prospective partner for one area of Missouri. Public meetings begun to process potential implementation of proposal. Negotiations underway with potential partner. Legal, fiscal, and other issues being researched.
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1.3 4.1	SBIRT: This program will expand the existing continuum of care to include Screening, brief intervention, brief treatment, and referral for individuals with unhealthy levels of alcohol use, overuse of prescription medications, or the use of illegal substances. Implementation will be in general medical settings targeting individuals at risk before they develop significant problems. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA √</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT √</td><td>OA √</td><td>ALL</td></tr></table>	MI	DD	ADA √	ALL	CY&F	ADULT √	OA √	ALL	DMH Division of ADA	A E	8	Medium to High										√	SBIRT grant awarded for September 2008. The first six months of the grant are for planning and developments. The first site implementation will be in March 2009.
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4.3	Coordinating Care for High Utilizers Pilot: Develop and implement cross-agency “coordinated care plans” for identified high users of care in Eastern region. Initial Target Population: <table><tr><td>MI √</td><td>DD</td><td>ADA √</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT √</td><td>OA √</td><td>ALL</td></tr></table>	MI √	DD	ADA √	ALL	CY&F	ADULT √	OA √	ALL	SLRHC Behavioral Health Steering Team DMH OOT & Divisions of CPS/ADA	A E	9	Medium											A pilot study with 27 high users is being conducted and measurement system is being refined. The steering team is looking at the current system of crisis, beds, and law enforcement efforts to assess how to better coordinate care.
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(See appendix for Legend of Abbreviations.)



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4.3	Children’s System High User Analysis: The efficacy of services for children with SED will be assessed. Data will be collected to identify high users of services with poor outcomes. Service and system changes will be identified to improve outcomes for children. Initial Target Population: <table><tr><td>MI √</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F √</td><td>ADULT</td><td>OA</td><td>ALL</td></tr></table>	MI √	DD	ADA	ALL	CY&F √	ADULT	OA	ALL	DMH OCCMH	A E	9	Medium	√									√	Initial work has been directed toward children and youth impacted by significant trauma. The Department has joined with the University of MO-ST. Louis, Washington University, and the Children’s Division to submit a grant to the SAMHSA to support training and implementation of trauma informed practices. DMH has submitted a budget request for FY2010 to establish a pilot in the St. Louis area to support the implementation of evidence-based practices to treat children impacted by trauma.
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4.2	Early Childhood Initiative: Work will continue on identifying the infrastructure for a service delivery system that is based on evidence-based practices for the early childhood population through the Coordinating Board for Early Childhood and the Early Childhood Comprehensive System Steering Committee. The second phase of the Early Childhood Mental Health Summit will be convened in 2009 to focus on increasing capacity to quality early childhood mental health services for children at risk or currently exhibiting social and emotional problems. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F √</td><td>ADULT</td><td>OA</td><td>ALL</td></tr></table>	MI	DD	ADA	ALL √	CY&F √	ADULT	OA	ALL	DMH OCCMH HeadStart MOHealthNet DHSS DSS DESE	E	9	Low	√									√	The first meeting of the Early Childhood Mental Health Summit was held in June. Participants represented policy makers across child-serving agencies, community leaders and early childhood providers. The focus was on identifying components of a state infrastructure to support a universal social and emotional development approach within early childhood. Priorities were identified and three first action steps were pulled out.
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4.2	<p>School-based Bullying Prevention:</p> <ul style="list-style-type: none">• Develop funding to enable schools to apply to use one of the Olweus trainers at no cost – the school will commit to supply the materials and make time for program implementation. Application for three years of funding has been submitted to the Missouri Foundation for Health.• Partner trainers with 3-4 schools each to begin program implementation by training a school based bullying prevention committee. Evaluation is built into the implementation process. Anticipated short-term impact: reduction in bullying; improvement in school climate including attendance, grades, and attitudes; reduction in vandalism and discipline referrals. <p>Initial Target Population:</p> <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F √</td><td>ADULT</td><td>OA</td><td>ALL</td></tr></table>	MI	DD	ADA	ALL √	CY&F √	ADULT	OA	ALL	DMH, DHSS, MO Center for Safe Schools & Individual School Districts	E	9	Medium	√									√	A partnership has been formed with the Missouri Center for Safe Schools and DHSS to implement the evidence based Olweus Bullying Prevention Program. Each entity has contributed dollars to this initial roll out. Clemson University held their spring Trainer of Trainers in Kansas City and the Missouri partnership selected nine participants for the training to become certified Olweus trainers.
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4.2	School Based Services Expansion: <ul style="list-style-type: none"> Build on initiative to begin expansion of school based mental health services statewide by partnering with local school districts and community mental health centers utilizing matching funds and MO HealthNet (Medicaid) funding. Submit budget request for 2010 to support school based mental health services. If budget item funded, implement in number of school districts allowed by funding. If budget item isn't funded, determine next steps. Implement St. Joseph Circle of Hope Grant targeting integration of physical and behavioral health integration in school settings in 2 – 3 elementary schools. 	DMH, DESE, Coalition of CMHCs, Individual School Districts	C E	9	High													<p>Medicaid policy changes made to cover approved school-based services programs. Initiated work on a School-based Mental Health Resource Kit for communities to use to develop services.</p> <p>Budget request submitted for 2009 was not approved by legislature. A new request has been prepared for 2010.</p> <p>The Circle of Hope cooperative agreement with SAMHSA, in the second year of its five-year funding, this year worked on developing two components: (1) linkages of physical and mental health services in a school-based model and (2) implementation of that model in a school setting. Staff currently is providing case management and clinical services to students enrolled in the St. Joseph Public Schools. Later funding will support students in Buchanan and Andrew counties.</p>
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4.2	Bright Futures Targeted Capacity Building: Secure funding to support three communities to participate in the Missouri Bright Futures effort. Partners in the community will include the school districts, early care and education, Children's Division, Health Departments, Court/DJO and other child serving entities. Communities selected will participate in training and support in mapping the resources and needs of the community, organizing the resources of the community to address system needs, and individualizing resource allocations within the community to improve the outcomes for individual youth. Initial Target Population: <table><tr><td>MI √</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F √</td><td>ADULT</td><td>OA</td><td>ALL</td></tr></table>	MI √	DD	ADA	ALL	CY&F √	ADULT	OA	ALL	DMH, DHSS, DSS, DESE, University of Missouri Center for the Advancement of Mental Health Practices in Schools, Head Start Collaboration, Missouri Student Success Network	C E	9	Medium	<									>	Funding was used to support the work of the Bright Futures State Team, an interagency group working on developing the Bright Futures program, and for consultation from Georgetown University to develop a model for expansion. A grant proposal has been submitted to the Missouri Foundation for Health. The grant funds would be used to support the implementation of Bright Futures in three communities in Missouri.
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3.1 4.2 5.2 6.2	Autism Treatment Services: <ul style="list-style-type: none">• Provide services to families and individuals impacted by autism spectrum disorders through the Missouri Parent Advisory Councils (PACs).• Contract with academic institutions known as Missouri Autism Centers for Excellence (MO-ACE) to develop and deliver best practices to individuals with autism spectrum disorders.• Partner with the MU Thompson Center to provide intensive behavioral supports to children and young people.• Establish Office of Autism within DD.• Review recommendations from Governor's Blue Ribbon Council to identify those that can be implemented. Initial Target Population: <table><tr><td>MI</td><td>DD √</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD √	ADA	ALL	CY&F	ADULT	OA	ALL √	DMH Division of DD & PACs & MO-ACEs	C	9	Medium to High	COMPLETE										All of the actions listed in 2008 have been achieved including SB 768, signed into law in June 2008, which establishes the Office for Autism within the DD, and establishes a 24-member Missouri Commission on Autism and Autism Spectrum Disorders. Commission members have been appointed by the Governor, and the Commission is scheduled to meet in the fall 2008. Commission will guide future actions.
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4.3	<p>Crisis Intervention: Continue efforts to expand crisis intervention capacity through partnerships with local organization.</p> <p>In reorganization of DD Regional Offices, In-Home Support Teams will be established to provide proactive training on positive behavior supports and functional behavioral assessment to crisis support via phone and direct service when necessary.</p> <p>Initial Target Population:</p> <table><tr><td>MI</td><td>DD √</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD √	ADA	ALL	CY&F	ADULT	OA	ALL √	DMH Division of DD	C	9	Medium	√										√	In Dec. 07, approximately 220 staff were trained in crisis intervention and more will be trained in Dec. 08. Habilitation Centers have been designated as having specialized areas for crisis intervention. Currently 25 beds have been designated as crisis beds in Habilitation Centers.
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5.1	<p>Workforce Development Plan: Review Annapolis Coalition Action Plan recommendations and current SAMHSA priorities for workforce development. Develop initial scope and steps for workforce development plan.</p> <p>Initial Target Population:</p> <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD	ADA	ALL √	CY&F	ADULT	OA	ALL √	DMH OOT & OOCMH	A E	N/A	Medium	√										√	Annapolis Plan reviewed and plan for the inclusion of consumers/family members as part of the workforce addressed (see peer and family support action items). 3 universal core competencies have been identified for workforce development: cultural competency, person-centered planning, and trauma-informed care.
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5.1	<p>E-learning Platform and Core Safety Training Modules: E-learning accounts for direct care staff will be established in all DMH facilities. Core training to be available on the web with safety as an important component. SB 3 requirements will be included in the safety modules being developed. FY 09 budget request submitted includes expansion to community providers, basic certification for direct care staff and supervisory training.</p> <p>Initial Target Population:</p> <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD	ADA	ALL √	CY&F	ADULT	OA	ALL √	DMH	C E	9	Medium	√										√	<p>As of August 2008 172 training programs have been established: 13 department wide programs, seven division-wide programs and 152 facility-specific programs. Of the 152 programs, 71 are classroom-based and 58 are on-line.</p> <p>There are 22 individual courses currently under development.</p>
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5.1	College of Direct Support: <ul style="list-style-type: none">Pilot College of Direct Support, a web-based training for direct support professionals, with DD service providers.Expand College of Direct Support to additional providers (included in DMH FY09 budget request).Explore expansion of College of Direct Support to other segments of Missouri's long term care system. Initial Target Population: <table><tr><td>MI</td><td>DD √</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD √	ADA	ALL	CY&F	ADULT	OA	ALL √	DMH Division of DD, MPC, & UMKC IHD MACDDS & MARF & MO-ANCOR	E	9	Medium	√									√	33 agencies are participating statewide in the CDS project. Over 1,900 individuals are taking MO CDS courses and Nearly 40,000 lessons have been completed. 218 individuals have completed all 13 MO CDS courses and passed the on the job assessment. There is a request for additional funding in the DMH FY 2010 budget proposal.
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5.1 5.2 5.3 5.4 6.1 6.2	Evidence Based Practices Workgroup: Continue to convene cross-cutting workgroup to: <ul style="list-style-type: none">Establish and evidence ruler, with input from stakeholdersDetermine implementation methodology.With information from divisions, compare current fund distributions to the ruler. Note: In DMH CPS, EBP programs are progressing and feedback loop established. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD	ADA	ALL √	CY&F	ADULT	OA	ALL √	TWG EBP Workgroup	A E	N/A	High	√										Two meetings have occurred. Study of work from other states will help to fashion a Missouri system for determining EBPs. Evidence-based practices identified and currently in use include Assertive Community Treatment, Integrated Dual Diagnosis Treatment, Supported Employment, and Dialectical Behavior Therapy.
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2.4 5.4 6.3	<p>Quality Service Review (QSR): The quality service review is a tool that measures the quality of interactions between frontline practitioners and children and their families and the effectiveness of the services and supports provided. Plans for FY 08 and 09:</p> <ul style="list-style-type: none">• More families will be trained as reviewers;• Baseline data will be obtained from the 11 system of care sites and follow-up QSR will be conducted for mature sites.• Adult QSR adaptation will be developed.	DMH OCCMH & Division of CPS & CSMT	A E	4	Medium	√											√	QSR is employed on almost all sanctioned system of care sites (13). Work is being done to evaluate expansion and sustainability. Patterns and trends from QSR data are being analyzed.
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5.1 2.4	Trauma Informed Care An organizational assessment of trauma care will be completed. Workforce development and training needs will be identified and prioritized. Technical assistance will be secured and training implemented and evaluated.	DMH OOT & OCCMH	E	2														The OOT and OCCMH worked with a subcommittee Missouri's Mental Health Commission to develop a plan for moving to a trauma informed system. A contract with a local mental health organization has been secured to complete and organizational assessment and to develop a training plan with local Children's Advocacy Services. A grant has been submitted to SAMHSA to support Trauma Informed Training within the Child Advocacy Network in Missouri. In addition, a budget request has been approved by the Mental Health Commission for FY2010 to support development of a pilot effort to create a Trauma-Informed Collaborative of Service Providers in St. Louis area.
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5.4	Common State Identifier: <ul style="list-style-type: none"> Complete assignment of Document Control Numbers (DCNs) to all DSS, DHHS, and DMH consumers who currently don't have one. Continue discussions with the Departments of Corrections and Elementary and Secondary Education to adopt the common identifier or a common methodology to link consumers within their systems to those in the other human service agencies. 	OOA & State Human Service Departments	A E	9	Medium													The Departments of Social Services (DSS), Health and Senior Services (DHHS), and Mental Health (DMH) have adopted the Document Control Number (DCN) as the common identifier. <ul style="list-style-type: none"> Achieved 95% match of three agencies using common identifier.
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5.4	Data Warehouse: <ul style="list-style-type: none">Identify best solution to developing and housing interagency data warehouse containing data from all state human service agencies to provide more accurate and timely information concerning individuals served across the agencies.Develop the interagency data warehouse.Begin with a children's services data warehouse and then expand across the lifespan. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F √</td><td>ADULT</td><td>OA</td><td>ALL</td></tr></table>	MI	DD	ADA	ALL √	CY&F √	ADULT	OA	ALL	OOA & State Human Service Departments	A E	9	High	<									>	Multiple discussions held regarding single data warehouse but no solution yet identified. Item to be re-assessed by TWG
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5.4	Electronic Records: <ul style="list-style-type: none">Based on FY 09 budget item, evaluate, select, and implement a bar coding solution.DMH partnership with MO HealthNet (Medicaid) to coordinate development of an electronic Medical Health Record. Initial Target Population: <table><tr><td>MI √</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI √	DD	ADA	ALL	CY&F	ADULT	OA	ALL √	DMH Division of CPS	A E	9	High	<									>	A bar coding budget item passed in DMH budget in May 08. Evaluations and negotiations are currently underway to select and implement a bar coding solution. Work continues with MO Healthnet to develop an electronic Medical Health Record.
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6.1 6.2 6.3	State-Local Infrastructure Development Plan: <ul style="list-style-type: none">Establish subcommittee to review current state and local cross-departmental initiatives, statutory mandates and department regulations.Establish preliminary criteria for formal partnership agreements with local bodies.Engage local leaders in dialogue to determine state-local infrastructure development. Consider mini-policy academy format or summit.Propose recommendations to full TWG and HSCC for enduring state and local infrastructure to continue transformation efforts beyond grant to include cross-departmental structure for consumer input. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD	ADA	ALL √	CY&F	ADULT	OA	ALL √	TWG	A	N/A	Medium	√									√	The TWG assigned a subcommittee at July meeting. Background review of current state and local policies and service area structures completed and compiled. First subcommittee meeting will focus on review of this information.
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6.1	Older Adult Workgroup: <ul style="list-style-type: none">Complete operational plan and propose the management structure for ongoing monitoring and oversight of the operational plan.Identify key stakeholders to propose the next steps in implementing system of care plan in local communities.Explore the proper use of mental health services and supports for persons with Alzheimer's disease and related dementias, as well as those persons with Alzheimer's type disease and co-occurring mental illnesses. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA √</td><td>ALL</td></tr></table>	MI	DD	ADA	ALL √	CY&F	ADULT	OA √	ALL	TWG	C	N/A	Medium to High	√										The mental health and aging work group has met three times between June and September 2008. The process to identify projects embodying the principles of a system of care has been initiated and is well underway. A consultant with national expertise in mental health and aging has been contracted and is providing technical assistance to the work group. Initial discussions of the proper use of mental health services and supports for persons with Alzheimer's Disease and related dementias have been undertaken within the contest of the mental health and aging work group.
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6.2	<p>Regional Collaboratives: Develop partnerships and incentives to implement regional collaboratives that integrate mental health with overall local community health planning and initiatives. Based on initial successful partnership with SL Regional Health Commission in Eastern region, develop principles and criteria to expand collaboratives that can be adapted to fit local needs in other areas of state and achieve broader transformation goals. Initiate partnership agreements with 2 additional regional areas. Work with local private foundations to support and leverage change efforts.</p> <p>Initial Target Population:</p> <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr></table>	MI	DD	ADA	ALL				√	CY&F	ADULT	OA	ALL				√	DMH OOT TWG	C	9	High	√									√	Established criteria for membership and principles for a collaborative. Continued partnership with Eastern Region Health Commission and Missouri Foundation for Health and established initial partnership with Kansas City area collaborative and two local foundations by giving seed grant for needs assessment. Have initiated discussions regarding a potential rural collaborative.
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6.1	<p>Transitional Youth: Develop plan to establish workgroup or committee within current management team/workgroup structure to begin development of system of care to meet needs of transitional youth. Develop youth advisory infrastructure as a first step to guide activities. Recommend structure to TWG.</p> <p>Initial Target Population:</p> <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr></table>	MI	DD	ADA	ALL				√	CY&F	ADULT	OA	ALL				√	DMH OOT & OCCMH		9	Low										√	A Transitional Youth Advisory Group was initiated to guide decision-making prior to work group starting. Initial meeting and full-day retreat held.
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6.3	<p>Community of Hope Pilots: Develop criteria and proposal to provide seed funding to local communities to begin process of community assessment and capacity building. Identify state and local partners and linkages with public education actions. Provide recommendations to TWG for implementation.</p> <p>Initial Target Population:</p> <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL</td></tr><tr><td></td><td></td><td></td><td>√</td></tr></table>	MI	DD	ADA	ALL				√	CY&F	ADULT	OA	ALL				√	DMH OOT & OCCMH	C	9	Low										√	Worked with staff from Department of Health and Senior Services with expertise in similar community development projects to identify and develop Community of Hope criteria and projects.
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6.1	Emerging Issues: <ul style="list-style-type: none">Traditionally it is difficult for state entities to respond rapidly to issues that emerge. If an appropriate issue emerges, identify staff for responsibility.Research for outcomes and appropriateness.Develop a potential plan for implementation.Present to TWG. Initial Target Population: <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD	ADA	ALL √	CY&F	ADULT	OA	ALL √	TWG, DMH and others depending on identified issue	A C E	9	Medium											Two new action items researched and presented to TWG for inclusion in action plan.
MI	DD	ADA	ALL √																					
CY&F	ADULT	OA	ALL √																					
2.1 2.2 2.3 2.4	Consumer/Family and Youth Leadership Summit Hold Consumer, Family and Youth (CFY) Leadership summit to facilitate CFY leader dialogue, education and information sharing across populations and lifespan that results in: <ul style="list-style-type: none">Improved understanding of issues related to the different population and age groups and knowledge of existing CYF resources currently available;Identification of mutual goals and sharing strengths across populations and lifespan; andIdentification of priorities for common agenda that promotes CFY driven system and next steps that include focus areas/tracks for 2009 Statewide Conference. <table><tr><td>MI</td><td>DD</td><td>ADA</td><td>ALL √</td></tr><tr><td>CY&F</td><td>ADULT</td><td>OA</td><td>ALL √</td></tr></table>	MI	DD	ADA	ALL √	CY&F	ADULT	OA	ALL √	DMH and TWG	A C E	9	Low											A planning committee was established comprised of consumer and family members representing three division populations. Planning for summit well underway and is scheduled for November 2008.
MI	DD	ADA	ALL √																					
CY&F	ADULT	OA	ALL √																					

(See appendix for Legend of Abbreviations.)



Missouri Comprehensive Plan for Mental Health Federal FY 2009 Action Plan Update

Goal/Objectives	2009 Priority Actions			Lead Agency/Group and partners	ACE Goal	Primary GPRA	Level of Complexity	October	November	December	January	February	March	April	May	June	July	August	September	Progress through September 2008
4.3	Recovery Management for People with Substance Use Disorders Develop and operationalize plan to shift the focus of care from program-centered episodes of assess, admit, treat and discharge to management of long-term recovery. Treatment will become a long term relationship which supports development of recovery maintenance skills, flexible service menus, delivery methods, and intensity. These principles and values include: <ul style="list-style-type: none">• Emphasis on resilience and recovery processes as opposed to pathology and disease processes;• Recognition of multiple long-term pathways and styles of recovery;• Development of highly individualized and culturally sensitive services;• Increased collaboration with diverse communities of recovery; and• Commitment to best practices and the National Institute on Drug Abuse “Principles of Drug Addiction Treatment”.			Division of ADA	A C E	9	Medium													All treatment contracts were amended in December 2007 to include provisions for medication assisted treatment, medication services, and individual co-occurring disorder counseling. During a pilot in which motivational interviewing sessions were held with clients prior to their clinical assessment, the outcome was a significant decrease in treatment drop-outs. As a result, the Division will be making changes in all contracts to allow motivational interviewing sessions anytime during the treatment episode. The Division is collaborating with its adolescent CSTAR providers to develop flexible models of service delivery that will enhance outcomes and engagement of family members in treatment. To date, two programs have presented models that have been approved and others are in the development stages.
	MI	DD	ADA √	ALL																
	CY&F	ADULT	OA	ALL √																

(See appendix for Legend of Abbreviations.)



Appendix

Legend of Abbreviations used in Action Plan

ACE Goals-measures of anticipated long-term impact

- A-Improved Accountability
- C- Increased Service Capacity
- E-Increased Service Effectiveness

GPRA Goal-measures of infrastructure changes completed:

- 1= Policy Changes Completed
- 2= # of Persons in Workforce Trained
- 3= Financing Policy Changes Completed
- 4= Organizational Changes Completed
- 5= # of Organizations that Regularly Obtain and Analyze Data
- 6= # of Members in Consumer and Family Run Networks
- 7= Programs Implementing Practices Consistent with CMHP
- 8= Separate Evaluation Process
- 9= To Be Determined

Target Populations:

Persons served across agencies and/or systems that are at risk for or experiencing:

- MI = Mental illness
- ADA = Addictions
- DD = Developmental Disabilities

Note: This also covers the general public and service providers.

Age Group:

- CY&F = Children, Youth and Families
- A = Adults
- OA = Older Adults

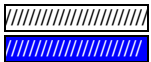
Complexity of Implementation:

Low = action will be completed with ease during established timeframes

Medium = major components of action will be realistically achieved over course of plan timeframe/grant period resulting in significant progress to achieving overall objective

High = Action will require multiple years that will likely extend beyond plan timeframe

Time Frames:



Start-up Planning

Implementation

< Implementation initiated prior to 2009

> Implementation anticipated to continue beyond 2009

Acronyms Used:

AAA - Area Agency on Aging

ADA - Division of Alcohol and Drug Abuse

CPS - Division of Comprehensive Psychiatric Services

CSMT - Comprehensive System Management Team

DESE - Department of Elementary and Secondary Education

DHSS - Department of Health and Senior Services

DMH - Department of Mental Health

DPS - Department of Public Safety

DSS - Department of Social Services

EBP - Evidence Based Practices

MACDDS – Missouri Association of County Developmental Disabilities Services

MARF-Missouri Association of Rehabilitation Facilities

MHFA - Mental Health First Aid

MO-ACEs - Missouri Autism Centers for Excellence

MO-ANCOR—Missouri Chapter of the American Network of Community Options and Resources

MIMH – Missouri Institute of Mental Health

MPC - Missouri Planning Council

DD - Division of Developmental Disabilities

OCCMH - Office of Comprehensive Child Mental Health

OOA - Office of Administration

OOT - Office of Transformation

PACs - Parent Advisory Council

SLRHC - St. Louis Regional Health Commission

TWG - Transformation Working Group

UMKC—University of Missouri—Kansas

UMKC IHD—UMKC Institute for Human Development



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